



1. NAME IN FULL (Enter regularly used surname with other names used following in parenthesis -i.e., Spanish or other double names)			ATTACH PHOTOGRAPH TAKEN WITHIN PAST 6 MONTHS
(Last)	(First)	(Middle)	
2. NAME AT BIRTH, IF DIFFERENT FROM ABOVE			
3. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name and explain circumstances under Item 28.			
4. PRESENT ADDRESS AND TELEPHONE NUMBER	5. DATE OF BIRTH (Month, Day, Year)	7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
6. PLACE OF BIRTH (City, Country)			

8. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED				
9. PREVIOUS ADDRESSES DURING PAST TEN YEARS				
DATES		STREET AND NUMBER	CITY (District/Province)	COUNTRY
FROM	TO			

11a. FULL NAME OF SPOUSE (If wife, maiden name)	b. DATE OF BIRTH	c. PLACE OF BIRTH (City, Country)
d. PRESENT ADDRESS IN FULL	e. PRESENT OCCUPATION	
f. CITIZENSHIP AT BIRTH	g. PRESENT CITIZENSHIP	

13a. FATHER'S NAME	c. PLACE OF BIRTH (City, Country)	b. DATE OF BIRTH
d. PRESENT ADDRESS IN FULL	e. PRESENT OCCUPATION	g. PRESENT CITIZENSHIP
14a. MOTHER'S NAME	c. PLACE OF BIRTH (City, Country)	b. DATE OF BIRTH
d. PRESENT ADDRESS IN FULL	e. PRESENT OCCUPATION	g. PRESENT CITIZENSHIP

16. ARE OR WERE ANY OF YOUR RELATIVES, FAMILY MEMBERS, IN-LAWS OR PERSONAL ASSOCIATES EMPLOYED BY ANY GOVERNMENT AGENCY OF ANY COUNTRY? \_ YES  
If so, list name, relationship, agency and agency address. NO

18. EDUCATION				
NAMES AND LOCATIONS OF EDUCATIONAL INSTITUTIONS ATTENDED	DATES		DEGREES	MAJOR SUBJECTS
	FROM	TO		

[illegible]

20. REFERENCES. LIST THREE COMPETENT AND RESPONSIBLE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE WHO ARE QUALIFIED TO SUPPLY DEFINITE INFORMATION REGARDING YOUR CHARACTER AND ABILITY. <b>(! Do not give names of supervisors listed in item 21!)</b>			
NAME		TELEPHONE and ADDRESS IN FULL	OCCUPATION
Neighbor			
21. EMPLOYMENT. (In the space provided below describe every position which you have held since you first began to work. Start with Present Position and work back to the first position, which you held. Account for all periods of unemployment and state reasons for any unemployment indicated. If not enough space use Continuation Sheet.)			
A. DATES OF EMPLOYMENT (Month, Year)		EXACT TITLE OF YOUR POSITION	
NAME, FULL ADDRESS AND TELEPHONE OF EMPLOYER		DUTIES	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR WANTING TO LEAVE			
B. DATES OF EMPLOYMENT (Month, Year)		EXACT TITLE OF YOUR POSITION	
NAME, FULL ADDRESS AND TELEPHONE OF EMPLOYER		DUTIES	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR WANTING TO LEAVE			
C. DATES OF EMPLOYMENT (Month, Year)		EXACT TITLE OF YOUR POSITION	
NAME, FULL ADDRESS AND TELEPHONE OF EMPLOYER		DUTIES	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR WANTING TO LEAVE			
ANSWER ITEMS 22 THROUGH 26 BY PLACING AN "Y" IN THE PROPER COLUMN			
22. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM A POSITION? IF ANSWER IS "YES" GIVE DETAILS UNDER ITEM 28.			YES
23 a. HAVE YOU NOW OR HAVE YOU EVER HAD ANY PHYSICAL LIMITATIONS?			NO
b. ARE YOU NOW UNDER A PHYSICIAN'S CARE AND IF SO. FOR WHAT REASON?			
c. HAVE YOU EVER HAD A NERVOUS DISORDER?			
d. HAVE YOU BEEN RECENTLY TESTED FOR TUBERCULOSIS? IF "YES", WHAT WAS THE RESULT?			
f. DO YOU HAVE A DRUG OR NARCOTIC ADDICTION?			
g. WERE YOU EVER MEDICALLY DISCHARGED FROM THE ARMED FORCES? IF ANY OF YOUR ANSWERS TO ANY OF THE ABOVE IS "YES", GIVE PARTICULARS UNDER ITEM 28.			
24. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY POLICE OR MILITARY AUTHORITY? IF SO, NAME THE AUTHORITY, GIVE TIME. PLACE, REASON AND THE DISPOSITION OF COURT ACTION.			
25. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY TERRORIST OR FASCIST ORGANIZATION?			
26. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION. ASSOCIATION. MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF THE CONSTITUTIONAL FORM OF GOVERNMENT OF THE UNITED STATES, OR ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OR FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?			
27. IF YOUR ANSWER TO ITEMS 22 OR 26 IS "YES". STATE THE NAME OF THE ORGANIZATION. DATES OF MEMBERSHIP OR ASSOCIATION, AND EXTENT OF YOUR PARTICIPATION. IF YOU DESIRE TO EXPLAIN THE CIRCUMSTANCES OF YOUR MEMBERSHIP. USE SPACE UNDER ITEM 28 OR ATTACH A SEPARATE PAGE.			
28. USE THIS SPACE FOR DETAILED ANSWERS. NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS. ADD ANY INFORMATION NOT COVERED ABOVE WHICH MIGHT AFFECT YOUR EMPLOYMENT. USE EXTRA BLANK PAGES, IF NECESSARY.			
CERTIFICATION			
BEFORE SIGNING THIS FORM MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND COMPLETELY. A FALSE STATEMENT ON THIS APPLICATION IS CAUSE FOR DISMISSAL.			
I DO SOLEMNLY AFFIRM THAT THE INFORMATION CONTAINED HERE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
(Name as usually written and which will be used as official signature)		Date	